

# Mechanical Breakdown Report

New Jersey Department of Community Affairs

PO Box 816 Trenton, NJ 08625-0816

Phone 609-292-2097 Fax 609-984-7084

N.J.A.C. 5:14A-4.13

Date of Ride Down \_\_\_\_\_ Time of Day \_\_\_\_\_

Owner/Operator \_\_\_\_\_

Ride Name \_\_\_\_\_ Permit # \_\_\_\_\_

Manufacturer \_\_\_\_\_ NJ ID # \_\_\_\_\_

Location of Ride Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip Code: \_\_\_\_\_

Component/ Problem that caused the ride to be down: \_\_\_\_\_

Component Failure: What happened to cause component to fail? \_\_\_\_\_

Ride Malfunction: What do you think caused ride to malfunction? \_\_\_\_\_

If no component was involved, & evacuation was performed what caused the ride to shut down? \_\_\_\_\_

What was done to correct the problem? \_\_\_\_\_

What was done to prevent this from re-occurring? \_\_\_\_\_

Was the Manufacturer contacted? Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, please submit in writing manufacturers response

If no why ? \_\_\_\_\_

If ride was evacuated was the Department notified via the Hotline? Yes \_\_\_\_\_ NO \_\_\_\_\_

**HOTLINE 609-292-2099**

If any injuries occurred, report all injuries to the Department as described in 5:14-4.13

\_\_\_\_\_  
Signature- Authorized Representative

Office Use Only

Received by: \_\_\_\_\_ Manufacturers response received & attached \_\_\_\_\_

Inspector Notified : \_\_\_\_\_ Date of Notification: \_\_\_\_\_ Via: \_\_\_\_\_